

Heart of America Health Plan-Minot "Preferred Option Plan"

COINSURANCE Max/Yr=SNG-\$1000 SPD-\$1500 SPS-\$1500 FAM-\$2000 (MINOT) DESCRIPTION OF BENEFITS	COPAYMENT AMOUNT YOU PAY	BENEFIT AFTER DEDUCT	EXCEPTIONS/LIMITATIONS Ded. = SNG-\$500 SPD-\$750 SPS-\$750 FAM-\$1000
Physician Services			
Primary Care Physician office visits (By a Trinity PCP)	\$20	100%	Deductible Waived
Convenience Care Clinic visits	\$20	80%	Deductible Applies
Other PCP Physician Services ie: Clinical procedures, Surgical services, Hospital visits, including inpatient and skilled nursing facility.	\$0	80%	Deductible Applies
Referral Physician visits when authorized by PCP (see below)	\$20	80%	Deductible Applies
Preventive Health Screening Services (By Trinity PCP)			
Routine child & adult immunizations	\$0	100%	Deductible Waived
Routine Physicals, Gynecological Exams, Prostate & Breast exams, Mammograms, Pap Smears, PSA's and other preventive services.*	\$0	100%	Deductible Waived
Diagnostic Services			
X-Rays, CT Scans, MRI's, EKG's, Lab Tests, Readings/Interpretations of Mammo, Pap, PSA screenings & other medically necessary svcs.	\$0	80%	Deductible Applies
Chemotherapy & Radiation Therapy Services provided at Trinity CancerCare Center	\$0	80%	Deductible Applies
Inpatient Hospital Services Semi-private room, Physician services, General nursing services, Surgery and facilities, Intensive care, & other medically nec. services	\$0	80%	Deductible Applies
Outpatient Hospital Services by Trinity Medical Group or Referral Facility	\$0	80%	Deductible Applies
Maternity Services			
Prenatal care office visits (By Trinity PCP)	\$20	100%	Deductible Waived
Diagnostic, Lab, Hospital services, Birthing/delivery, Newborn nursery.	\$0	80%	Deductible Applies
Well-baby care (By Trinity PCP)	\$0	100%	Ded. Waived on routine Immunizations & Office visits
Emergency Services Emergency room, Physician/Nursing services	\$30	80%	In or Out of Area Emergencies.
Ambulance Services	\$0	80%	When medically necessary
Mental Health Services			
Inpatient &/or Partial hospitalization	\$0	80%	Inpatient Max: 45 days per calendar year.
Residential Treatment	\$0	80%	Up to 120 days per calendar year.
Outpatient	\$0	80%	100% hours 1-5;(hours 6-30;80% after deduct.)
Alcohol and Substance Abuse Services			
Inpatient &/or Partial hospitalization.	\$0	80%	Inpatient Max: 60 days per calendar year.
Outpatient.	\$0	80%	100% visits 1-5;(visits 6-20; 80% after deduct.)
Referral Services			
Authorized referral to a specialty physician within the Trinity Medical Group	\$20	80%	With prior authorization by PCP and HAHP Copay applies to office visits / Consultations
Authorized referral to a specialty physician or facility on the HAHP preferred physician referral list.	\$20	80%	With prior authorization by PCP and HAHP Copay applies to office visits / Consultations
Authorized referral to a specialty physician or facility NOT on the HAHP preferred physician referral list when services can NOT be provided by participating providers.	\$20	80%	With prior authorization by PCP and HAHP Copay applies to office visits / Consultations
Authorized referral to a specialty physician or facility NOT on the HAHP preferred physician referral list when services CAN be provided by participating providers.	\$20	60%	With prior authorization by PCP and HAHP. Copay applies to office visits / Consultations
Chiropractic Care	\$10	80%	With prior approval by PCP and HAHP.
Physical, Speech, and Occupational Therapy	\$10	80%	Short-term therapy: 1st two consecutive months
	\$10	80%	Long-term therapy: one PT/ one OT visit/month
Durable Medical Equipment Orthopaedic and Prosthetic Devices.	\$0	80%	\$2,000 Maximum Benefit per contract year.
Skilled Nursing Facility Medical care and treatment including room and board, when prescribed by PCP and in participating provider facility.	\$0	80%	When authorized by primary care physician. (up to 60 days per calendar year)
TMJ (temporomandibular joint disorder)	\$0	80%	Lifetime max. of \$10,000 surg./\$2,500 non-surg.
CMJ (craniomandibular joint disorder)	\$0	80%	Lifetime max. of \$10,000 surg./\$2,500 non-surg.
Home Health Nursing Care	\$0	80%	When authorized by primary care physician.
Hospice Services	\$0	80%	Covered in accordance with Medicare Guidelines.

This sheet describes the essential features of the HAHP plan in general terms and is not intended to be a full description.

**** Copayment, coinsurance and deductible cost-sharing is waived for certain preventive services.**